### CERTIFICATE OF DEATH

			5)	9.	
Rev.	Dist.	No.	0	90	ı

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother) albut  State County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If roral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Marie Belrei	3. (b) Social Security Number
4. Sex Single, Therried, widowed, or arrorred female white	MEDICAL CERTIFICATION 10  20. DATE OF DEATH NOVELLIBET 16 1946, 914 P.M.
8,(6) Name of husband or wife	21. I CENTIFY that death occurred on the date above stated; the National deceased from 6, 46
7. Birth date of deceased (mo., day, yr.) 10. 27. 1866  8. AGE: Years Months Days If less than one day	and thet last saw h. O. alive on Overles (6 19 4 6.  Immediate cause of death OurATION
9. Birthulace Gormany	Our 10 June 10 12 June
10. Usual occupation.	Bue to
11. Industry or business  12. Name	- Other conditions
14. Maiden name. Schultmackes  15. Birthplace Germany	(Include pregnancy within 3 months of death)  Major findings of operations
16. Interment Marie Belieus La wrence	Autopsy results
Address  17. Date thereof	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Location Dept. V. J. L. Constitution of the Co	Injured 2t home, farm, Industry, public place (where?)  Meens of thiury  Injured at work?
16. Funeral director	23 SIGNATURE Levelor Sattellucies, U.D.
19	Addres Stevens rule Med. Bate signed 111 16/46.

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2411 N. Charles St., Baltimore 944al

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	egi	City
	LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly.	1. I Coun City How How 3. (
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CERTIFICAT	TE OF DEATH Reg. Dist. No. 290
County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Bernard F. Callahan.	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married, widowed, or divorced  Widowes.	MEDICAL CERTIFICATION  20. DATE OF DEATH COMMENCE 6 19 46 at 8 H. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I stended deceased from  19
14. Malden name Mary Ameritala Chelehan  15. Birthplace  16. Informant Cacladan.	(Include pregnancy within 3 months of death)  Major findings of operations
Address  17. (Burial, cremation, or removal, Which)  Cemetery or cramatory  Continued to the continue of the c	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral discipation and a segment of the segmen	Msens of Injury  Injured at work?  23. SIDNATURE  Address OL TEL Gun E M. D. or other  Address OL TEL Gun E M. Gate signed



married, widowed, or divorced

.6.(c) It alive, give age ..

nd state)

If less than one day ......hrs.

(month) (day) (year)

Registrar | Address...

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9-45-15M

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inf	4. Sex 5. Co	olor or race	6.(a)
n of uses	F C	slow	_ Q
Supply every item of informa ease write the causes of deat	6.(b) Name of husband or wife	<b></b>	
ly ever write t	7. Birth dale of deceased (mo., day, yr.)	leb-6	
ldo	8. AGE: Years	Months	Days
Supl please		10	27
INK. ns: pl	9. Birthplace	app (Twn,	county, a
VG icia	10. Usual occupation	-100	
OID 1ys	11. Industry er business		~~
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ant	≦ 13. Birthplace 13」	wom	-
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VIT	15. Birthplace	Tray	212
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IE	Cemetery or crematory	5	ra
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167	18. Funeral director	41.	12

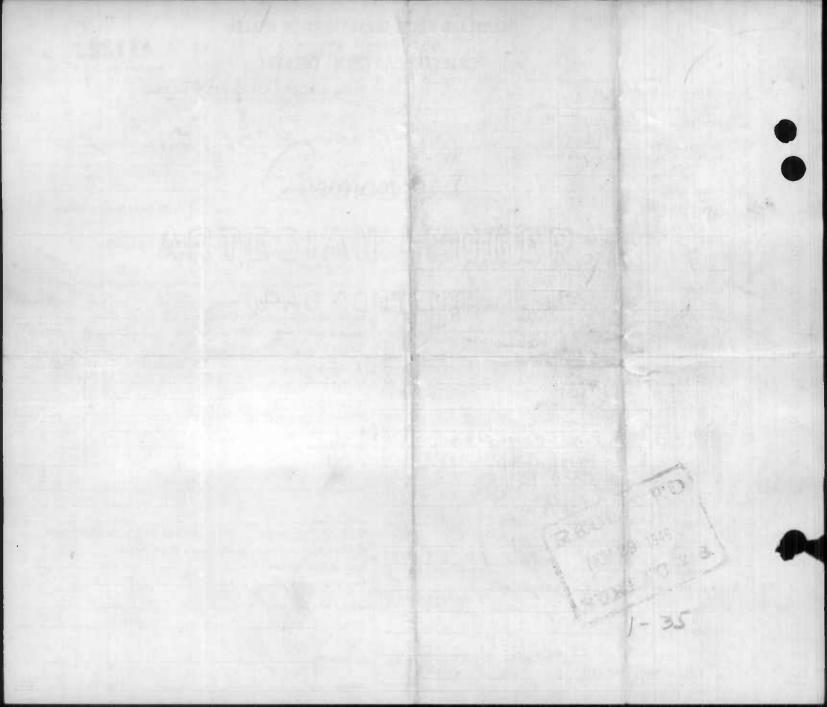
(Date rec'd by registrar)

1. PLACE OF DEATH:

How long in hospital or institution?

Hospital, Institution, or street address where death occurred:

Slate Me	4 - 4	County O	alles	<i>X</i>
City or town(If	outside city or town	lighta, write RUR	AL and give nearest	t town)
Sireel No. R.	oute 2		,	
-11001 11001111111111111111111111111111	(If rural	give LOCATION	)	
2.(a) If veteran, nan	ie war			***********
		3. (b) S	Social Security Nu	mber
	MEDICAL	CERTIFIC	CATION	
20, DATE DE DEATH	nov	,274	19446 at	1 P.
21. I CERTIFY that d	eath occurred on the da	te above slaled; th		1/2
no	U- //X	19.44-Co, 10	nov 2	719.44
and that I last saw h	Rr. alive on	nov	19th	18.4
Immediate cause of	19	nchot	Museux.	DURATION
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oue to Sagn	ual of	2018	Taley	/
V	X			
Due to.	0			
Other conditions				
(In	clude pregnancy with	in 3 months of de	ath)	
Major findings of o	perations			
			Dale of op	***************************************
Antopsy results PHYSICIAN: Please	underline the cause	to which death sh	ould be charged stat	istically.
22. VIOLENCE: If	death was due to extern	nal causes, fill in th	e tollowing;	
Accident, suicide, or	homicide		Date of	
	cur?(City or to			
				itate)
Injured at home, fan Meens of Injury	n, Industry, public pla		ured at work?	



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

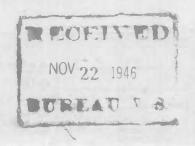
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	D	 290

2411 N. Cha	arlea St., Baltimore 170
CERTIFICA	ATE OF DEATH Reg. Diat. No. 290
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County
How long in above place of death?  Hospital, positivition, or street address where death occurred:  Laston M	City or town
How long in hospital or institution?	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M N w S	20. DATE OF DEATH 11-11-46 19 2111:50
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birlh date of deceased (mo., day, yr.) 2 1929  8. AGE: Years   Months   Days   If less than one day	and that I last saw h 1.14 alive on 11-11 19.4  Immediato cause of death Lettebrel Laceration DURATIO
6. AGE: 17 9	in.
9. Birthplace tode alshing md (Town, county, and glate)	Oue to Trouma. Auto occident.
10. Usual occupation. 1. 1. Industry or business	Oue 10
E 12. Name Clary O, Calacrya	= 1 - 1 1 1 1 + + +
E 13. Birthplace Do Alesser S. Ma.	(Include pregnancy within 3 months of death)
14. Malden name les	Major fiadiugs of operations.
16. Informant Que q	Autopsy results
Address  17. Buriai, cremation, or removal Which?  (Buriai, cremation, or removal Which?)	22. VIOLENCE: If dealh was due to external causes, fill in the following;  Accident, suicide, or homicide. Auto accident Date of 10 Nov 4
(Buriai, cremation, or removal) Which? (month) (day) (year)  Cemetery or crematory	Whera did injury occur? Hurlock Oorchester Mol. (City or town) (County) (State)
Location heavy the mod	injured at home, farm, industry, public place (where?)
18. Funeral director Triangement Son.	in the second
Address Jederalius Merin	23. SIGNATURE D M.D. or other
19. 19 Registra	ar Address Euston Prof Date signed 12 No

VS A15

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NOV 26 1946 BUREATTS

Son Pearson

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2412 N. Charles St., Baltimore (59)

# CERTIFICATE OF DEATH

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State. Manual County of the ma	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Ber larg is about a city or town limits, write RURAL and give nearest town)  Browling is about a defense where death occurred:    City or town   Cit quantide etc. or control   City or town   City or town   City or town	County	200
Bow long in above place of death and give nearest town)  Street Min. or street address when death occurves:    Committee of the property of th	City or town	State
Street Ro.  (If rural, gry LOCATION)  2.(a) II release, name war  3. (b) Social Security Number  3. (c) Social Security Number  3. (d) Social Security Number  3. (d) Social Security Number  MEDICAL CERTIFICATION  3. (a) Social Security Number  2. LOCATION  MEDICAL CERTIFICATION  3. (b) Name of husband or wife.  2. LOCATION  3. (c) Haller of Death	Baw loss to abbus place of death?	City or iown Puston - Ruse
Street Ro. ((If creat, gry LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) FULL NAME  3. (b) Social Security Number  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  Do DATE OF DEATH  2. LOCATION  2. LOCATION  MEDICAL CERTIFICATION  DO DATE OF DEATH  2. LOCATION  2. LOCATION  MEDICAL CERTIFICATION  DO DATE OF DEATH  D.		(if Quiside city of town limits, write RUKAL and give nearest town)
Solid Security Number    Solid Security Number   Solid Security Number		
3. (a) FULL NAME  4. Sex  5. Color or race  6. (a) Single, married, widowed, or diverced  MEDICAL CERTIFICATION  20. DATE OF DEATH  10. Letter of the data above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall above plately: that attended deceased from plate and the fall and the fall above plately: the fall attended deceased from pl	· · · · · · · · · · · · · · · · · · ·	
A. See  S. Color or race  S. C		2.(a) If veteran, name war
Male White Single  8.(b) Name of husband or wife  8.(c) If alive, give age  9. Birth date of deceased (mo., day, yr.)  12. Birth date of deceased (mo., day, yr.)  13. Birth date of the date above yizled; that I attended deceased from the date a	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Name of husband or wife  8. (c) It alive, give age.  9. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  10. Bural occupation.  11. Industry or business  12. It ame.  13. Marken name of Landson Registers of the conditions.  13. Marken name of Landson Registers of the conditions.  14. Malden name of Landson Registers of the conditions.  15. Birthplace  16. Informat Marken Registers of the conditions.  17. Birthplace  18. Address  19. White and the list saw Marken Registers of the conditions.  19. Birthplace  19. White and the list saw has been a conditions.  19. White conditions.  20. Date of one of the date above plated; that I altended deceased from Marken Conditions and the list saw Marken Conditions.  19. White conditions and the list saw Marken Conditions.  19. White	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 37
8. (b) Name of hurband or wife.  7. Birth date of secessed (mo., day, yr.)  8. AGE: Yars Months Days If less than one day  10. Birthplace Cooking (Town, county, and state)  10. Busual occupation.  11. Industry or business.  12. Hame Major findings of operations.  13. Birthplace Cooking (Town, county, and state)  14. Maiden name Major findings of operations.  15. Birthplace Cooking (Town, county, and state)  16. Informant Major findings of operations.  17. Birthplace Cooking (Town, county, and state)  18. Birthplace Cooking (Town, county, and state)  19. Birthplace Cooking (Town, county, an	male White single	01 6. 11 5
1. Birth place	8.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Vers Months Days It less than one day    Northern Country and state)   Due to.		7/
8. AGE: Yars Months Days If less than one day		and thet I last saw h Local alive oo
9. Birthplace Country, and states)  10. Usual occupation.  11. Industry or business  12. Name Other conditions  13. Birthplace  14. Maiden name Country, and states  15. Birthplace  16. Informant Address  17. Which or country of the conditions  18. Birthplace  19. Autopay results  19. Where did injury occurs (City or town) (Connty) (State)  19. Funeral director of the country of		Immediate cause of death
9. Birthplace (Town, county, and state) 10. Usual occupation Due to. 11. Industry or business 12. Name Other conditions 13. Birthplace Other conditions 15. Birthplace Other conditions 15. Birthplace Other conditions 16. Informant Address Other County Other Ot		
10. Usual occupation.  11. Industry or business.  12. Name 13. Birthplace 14. Malden name of the state of the	7- Oraș   10 ·nrsmin.	Approximating (6/70)
11. Industry or business  12. Name  13. Birthplace  14. Malden name  15. Birthplace  16. Informant  Address  17. Manual  18. Funeral director  19. Manual  10. Man	9. Birthplace (Town, county, and state)	Due to
11. Industry or business  12. Name  13. Birthplace  14. Malden name  15. Birthplace  16. Informant  Address  17. Manual  18. Funeral director  19. Manual  10. Man	10. Usual occupation.	
12. Name		Due to
(include yregramey within 3 months of death)  14. Malden name		
(include yregramey within 3 months of death)  14. Malden name	E 12. Name August Augus	Other conditions
14. Maiden name following:  15. Birthplace  16. Informant Manager Marian Major findings of operations  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of op.  Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Cemetery or crematory.  Where did Injury occur?  (City or town) (Connty) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury injured at work?  23. SIGNATURE.  24. Address  M. D. or other	13. Birthplace	Birth reight 2 1/2 Plas
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	# Hoserson Area Delhie	(Include regnancy within 3 months of death)
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	14. Maiden name from the first that	Major findings of operations
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causea, fill in the following:  Accident, suicide, or homicide.  Date of	15. Birthplace Vorchesler	Date of op.
Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	18 Informat Was Flarence a Anne Dolley	Autonov manite
22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	D T : Mal	
Date thereof Country (month) (day) (year)  Cemetery or crematory. Hell Clest Country (Where did Injury occur? (City or town) (Connty) (State)  Location Federal Strugge Maryland Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  18. Funeral director of Address Federal Surgeon Maryland (Means of Injury)  19. 19. 18. How Maryland (Means of Injury)  23. SIGNATURE Maryland (Means of Injury)  24. Maryland (Means of Injury)  23. SIGNATURE Maryland (Means of Injury)	A (Purchase)	22 VIOLENCE, it death was due to external square fill in the following:
Cemetery or cremation, or removal, Which?)  Cemetery or crematory  Location  Jedenalsburg, Maryland  18. Funeral director  Address  Location  19	17 Burial Date thereof November 21, 1946	
Location Technology, Maryland Injured at home, farm, Industry, public place (where?)  18. Funeral director of the technology, Maryland .  19	(Burial, cremation, or removal, Which?) (month) (day) (year)	
Location Technology, Maryland Injured at home, farm, Industry, public place (where?)  18. Funeral director of the technology, Maryland .  19	Cemetery or crematory. Thee Gest Centers	Where did injury occur?
Address Federal org, Maryland.  19. 11/21 18 Hb Mft. Merres  23. SIGNATURE 2 M. D. or other  2 and the state of the state	Location Federalsburg, Maryla Id	
19. 11/2/ 19 46 M. D. or other 2 # M. D. or other	18. Funeral director of f. Flacuptom and Son	Means of Injury Injured at work?
19. 11/2/ 19 46 M. D. or other 2 # M. D. or other	Address Federalioning, Maryland.	13 Gx 2 B
18 18 18 12 2 1 2 1 2 1 2 1 2 1 2 1 2 1	11/2 The second	
Annies and a state of the state	19. (Date reg d by registrar)  19. (Date reg d by registrar)	Address 2 arts Date signed // 23/ X L.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

x 11327

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2900

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Tounty Dalbot Caunty	State Marieland County Corolina County
City or fown	17/ Me mariland.
How long in above place of death? adm. Thed Och 30 - Tied not -1-10 and	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No.
Memorial Hospital @ Easton Md.	(If rural, give LOCATION)
How long in hospital or institution? The Oct 30 3:09 PA to Naul 1-10	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 0 0 0 1	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4	25-2
Temale. White.	20. DATE DF DEATH MOS. 1 19. 44/2 , at 1.0 2. M
6.(b) Name of husband or wife Mr. Edward S. Evans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Same eddus 8.(c) If allve, give age years 7. Birth dato of	and that I last saw h. Amalive op 1000 19 X 6
deceased (mo., day, yr.) apr /5 //88/	Immediate cause of death Cardiae fai lune DURATION
8. AGE: Years Month's Days If less than one day	
(05 440 - min.	
a Richard Mear Dentow, Caroline, Med.	meta Carace any artorio- se levares
9. Birthplace (Town, county, and state)	- old wyreadial infraction
10. Usual occupation 1. W.	Due to
11. Industry or business	Due to
12. Name Colword Eran	Dither conditions.
6 0 0 0	
13. Birthplace Caroline Co. Mid.	(Include pregnancy within 3 months of death)
14. Maiden name anna Willoughby	Major findings of operations.
15. Birthplace Caroline Cached.	Date of op.
18. Informant Solut S. S. S. S.	Antopay resolts Correacy activis relevan Westicalar
II he said	PHYSICIAN: Flease underline the cause to which death shund be charged statistically.
Address Jest Jest 1 1941	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
1 1 2 3	Injured at home, farm, industry, public place (where?)
Location Santon, Ma	Means of Injury Injured at work?
18. Funeral director Line of the form	0
Address Alp Sol Ind:	1/2 to Varian M.D.
1118 Way Maria	23. SIGNATURE M. D. or other
1919	Address 204 E. Alexa St. Carper. Date signed of Nov 46
(Datemee a by registrar)	hayland



# 1132400

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Ror nowborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME Reacher Flynn	3. (b) Social Security Number
8.(b) Name of husband or wife Olla Filiphon (Aking)  6.(c) If alive, give age years  7. Birth date of	2D. DATE DF DEATH  2D. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.45  10.46
7. Birth date of deceased (mo., day, yr.) falls 7 f 158 f  8. AGE: Years Months Bays If less than one day	and that I last saw h. Arm. alive on the 21 19 46.  Immediate cause of death DURATION  Cerebral Humors hop 4 day
9. Birthplace	Due to
13. Birthplace PKA.  14. Malden nam (Many Renby)  15. Birthplace Pk	(Include pregnancy within 3 months of death)  Major findings of operations
Address Stepley Date thereof (month) (dgf) (fear)	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Loc	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work?
19. // 23 (Dake rec'd by registrar) 19.46 M. H. Merrus Registrar	23. SIGNATURE MILLION M. D. or other  Address Earth and Bate signed M - 23 46

9-45-15M

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DEC 2 1946

# w.rrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

#### CERTIFICATE OF DEATH

g. Diat. No. 2 9 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Jacob	State Maryland County Tallot
(If outside city or town limits, write RURAL and give nearest town)	Monost
How long in above place of death?	City or town
Hospital, Institution, or street address when death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Notest &. Haddaway	none
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while me widower	20. DATE OF DEATH Moreundes & 1946 at 10 F
8.(b) Name of husband or wife Mary C. Naddaway	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom
1	august 1 1946, 10 Morenty \$19 Th
7. Birth date of deceased (mo. day, yr.) Fef. 14 1873	and that I lest saw h. Azam alive on
	Immediair Cause of death DURATION
72 0 21	Coronary Humbres 1209.
70 0 26hrsmla.	
9. Birthplace	Due fo
10. Usual occupation Waterman	CO Marine of the least
11. industry or business	Due to Muse Mybrardita Mally
	- J
12. Name Edward Haddaway  13. Birthplace Runtt, Ind.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Nema Jones  15. Birthplace Nearld and	Major findings of operations.
\\$\ 15. Birthplace /lastit, \tag{\tag{\tag{\tag{\tag{\tag{\tag{	Date of op.
16. Informant Mis hellie Dudley	Antopsy results.
Address 5508 Hampnett & Baltimore ma	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
17 Buisl Date thereof Nov. 11, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lenetery	Where did Injury Occur?
Location neant one.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Mewnam & Navnam	Means of Injury Injured at work?
Address St. michaelo Ind.	Martin J. Buellus.
AUGIESS C, "TO CARCOO "TO C	23. SIGNATURE Marker Y Just M.D. or other
19. 1 1 9 19 46 John Howall	17 feld, brough of Conton for long 11-9-16

DEC 6 MMB

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		2	92

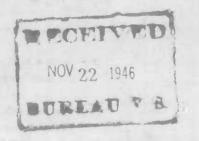
CERTIFICAT	E OF DEATH Reg. Dist. No.	298
1. PLACE OF DEATH.  County D. A.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate. State County  City or town (If outside city or town limits, write RURAL and give ne Sireet No.  (If rural, give LOCATION)  2.(a) If veteran, name war.	srest town)
3. (a) FULL NAME	3. (b) Social Security	Number
Percy H. Kammeron	Hone	2
4. Sex 5. Color or race / 6.(a) Single, married, widowed, or divorced  Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 200. 18.46	al P. W
6.(b) Name of husband or wife	21. I CERTIFY Inal death occurred on the date above stated; that I attended dec	100 194
7. Birth date of 70 // 1885	and Ihal I leet new b. 1.22. alive on	1946
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.  Lardièc Failure	DURATION 1500 dute
9. Birthplace	Due to Branchial Astoma	3
10. Usual occupation Retined	Due to	***
11. Industry or business Guscapal. Menusler  12. Name Bolward Kammenuk  13. Birthplace New York City, N.Y.	Other conditions Paronia Hicebolis	7
13. Birthplace few york City 1-9	(Include pregnancy within 3 months of death)	
E 15 Ritholace 7 Dayila	Major findings of operations	
16. Interment frank Er Compbell, Inc	Aulopsy results	d statistically.
Address New York Olty 1-4.  11. Cranation, or removal. Which?)  (Burial, cremation, or removal. Which?)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, er homicide	
Cemetery or crematory Fresh Pond Crematory	Where did injury occur?(City or town) (County)	(State)
Location Middle Village, M.y.	Injured at home, farm, industry, public place (where?)	•••••
18. Funeral director Ad Land D. Williams	Means of injury Injured at work?	
Address Caslon, M.C.	23. SIGNATURE 15. 1: Kurmaines	140
19. /// 4 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Easters M. Date signed	or other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

A15 SN



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NOV 22 1946

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

#### CERTIFICATE OF DEATH

11331 Reg. Dist. No. 347

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State County Suchit .	
City or town	(N	***************************************
How long in above place of death? 3	City or town. (1f outside city or town limits, write RURAL and give neare	est town)
Hospital, institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security N	umber
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F. C Dinneis	20. DATE OF DEATH 1946	3 H 1/M
6.(b) Name of husband or wife	21. I CERTIFY thal death occurred on the date above stated; that I attended decease	
	19 10	111
7. Birth date of deceased (mo., day, yr.) func, 24. 1890	and that I last eaw h	
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
56 5 7hrs,min.	July gelege	J.m.
9. Birthpiace (Town, county, and states)	Due to ful perleusion	6 ma
1D. Usual occupation.	Due to	
11. Industry or business	Duo (V.	
= 12. Name James Milekel	Dither conditions	
12. Name Janua Milakely.		
	(Include pregnancy within 8 months of death)	
14. Maiden name 127 Parasas	Major findings of operations	0.*********
15. Birthplace	Date of op.	
16. Informani Chercy Wiley	Autopsy results	
1. L. MO So ()	PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
Address Might Mf. N. Mary and	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	************************
	Where did injury occur?	
Cemetery or crematory		(State)
Location Assertation and the	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Addison Back	Means of Injury Injured at work?	
Address Addres	AT Alsh MAD	
Town 11 South	23. SIGNATURE M. D. or	other
(Date rec'd by registrar) Registrar	Address ZM Jan MA Date signed	1112714



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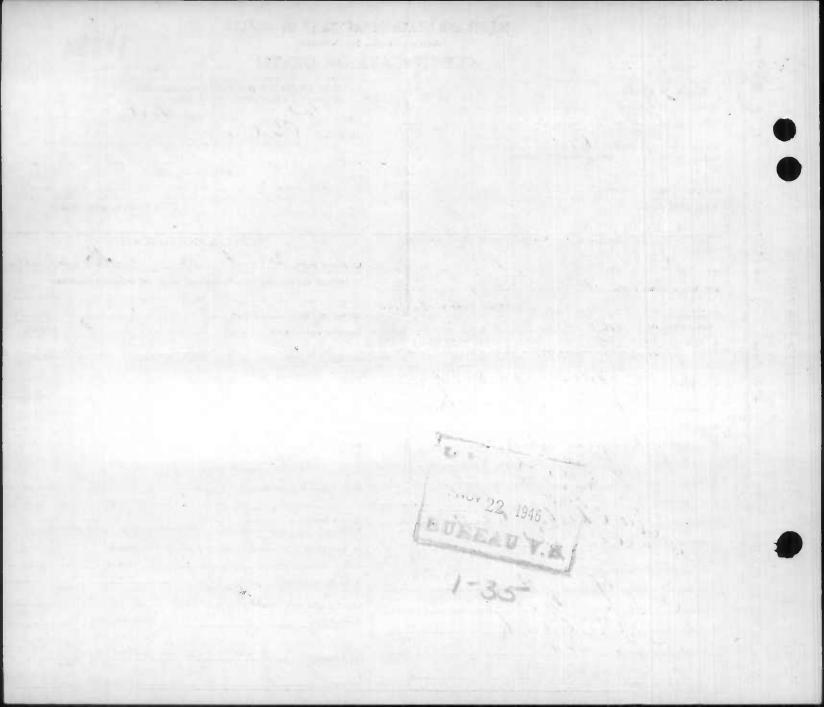
#### MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

#### 2411 N. Chartea St., Baltimore 740

*	1	1	3	32		
Reg.	Diat.	No		2	10	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 914 17	(For newborn infants give realdence of mother)
Banka Marielland	State FRA County Walk +1
City or town	Bedry
How long in above place of death?	(If outside city or town limits, write RURAL and givo nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
	4
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
8 (71 0 60 1/2 1/2	
Charles O. Neight-un	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m Tu m	Marcher 16 1/2 2:3, 81.
	20, DATE OF DEATH
all Home of border of Galleri S. Hess mone	21. I CERTIFY thet death occurred on the date above stated: thet I attended deceased from
8.(6) Name of hueband or wife	
8, (c) tf alive, give age distributed 2 years 7. Birth date of	and that I fact caw halive on
deceased (mo., day, yr.) March 21-1869	
	Immediate cause of death
8. AGE: Years Months Days It less than one day	J. A.
7 7   7   min.	Coronary Occlusion almost
Deller mere land	
B. Birthplace	Due to
The late work	
10. Usual occupation.	Due to
11. Industry or business	
12. Name All Land Man 12. Name	Dither conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name. 12 total fall total	(Include pregnancy within 5 months of death)
14. Malden name. 11. Malden name. 11. Birthplace	Major findings of operations.
≥ 15. 8irthplace	Date of op.
Pros ON . Rec The III	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese Chikkan . / /	
Buil Tar is will	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or remotal, Which?)  Date thereof	Accident, suicide, or homicide
111111111111111111111111111111111111111	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Landing Die allow . Mit	injured at home, farm, industry, public place (where?)
Location	Meane of Injury tnjured at work?
18. Funeral director All Collections	
w God and a	Lavis Mort and defluelle
Addres Quelta . The	23. SIDNATURE A COURT INVESTED WITH DEPUTE THE
11/10 1/10 M/Manus	M.D. or other
19. (Date rec'd by registrar) Registrar	Address Spectra Mc Date eigned 11-18-76



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

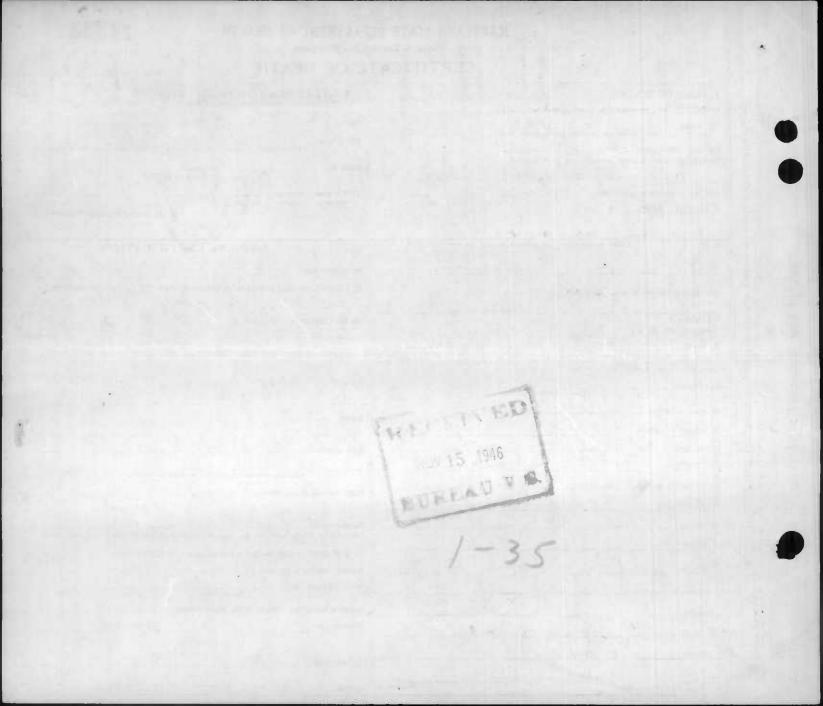
2411 N. Charles St., Baltimore 940/

# CERTIFICATE OF DEATH

11333

			9	Co. 15
Reg.	Diat.	No.	ex.	90

County Talbot County	(For newborn infante give residence of mother)
City or town (If outside city or town singles, write RURAL and give nearest town)	State Maryland County Dricheally
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
menorial Hospital Easton, md.	Street No(If rural, give LOCATION)
How long in hospital or institution? 3 longs.	2.(a) If reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color orace Br(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. married	2D. DATE OF DEATH
B.(b) Name of husband or wife Melson: Singleton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 km 18. 46
7. Birth date of	and that I just saw h. Ac. allye on
deceased (mo., day, yr.)	Immediate cause of death Cardine failur DURATION
8. AGE: Years Months Gays It less than one day	(2)
46  hrsmin.	
9. Birthplace Grown, county, and state)	Due to Case my wingsieiensy (3)
1D. Usual occupation. Nousewife	Due to
11. Industry or business	,
12. Name Raisin G. Ross  13. Birthplace Maryland	Other conditions Picho logical theo Ly
	(Include pregnancy within 8 months of death)
14. Maiden name Sugant Rynold	
14. Maiden name Susan Rynold  15. Birthplace Marloland	Major findings of operations
18. Informant Melsone a. Drugle tone	Autopsy results
Address Viggesse Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Record Date thereof. 111, 2146	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Depute bolis Told.	Injured at home, farm, industry, public place (where?)
A. Sies Charle July	Means of Injury Injured at work?
18. Funeral director 1.1.	7/0/. /0
Address Soulan, Ma.	23. SIGNATURE / hour fan Haue am M. D.
19. (Dato rec'd by registrar)  (Dato rec'd by registrar)  (Dato rec'd by registrar)	Address Carpe hay land Date signed 7 Nov 46



## CERTIFICATE OF DEATH

290

	10g. 211. 10	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)	
county Talbot	State Maryland county Dorchester	
City or town Easton (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of doth? 5 Years	City or town Hurlock (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Hurlock	
200 Airora St.  How long in hospital or institution? 3 Years	(If rural, give LOCATION)	
	2.(a) It yeleran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Ella Shaw Smith	tons	
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH 17 /100 19 16 21/143 A	
73		
6.(6) Name of husband or wid Martin W. Smith	21. I CERIFFY that death occurred on the date above stated; that I attended deceased from	
(Deceased) 8.(c) It alive, give age years	19 10 10 17 Mov 19 16	
7. Birth date of deceased (mo., day, yr.) Aug. 18, 1860	and that I last saw h	
8. AGE: Years   Months   Days   If less than one day	Immediate cause uf death DURATION	
86 2 29min.		
9. Birthplace Manchester, England (Town, county, and state)	Bue to Myperturne artino relieble of Chilir orice Ca direct  Bue to accidental fall. Conta	
11. industry or business	October 6th 1946.	
E 12. Name Thomas Shaw	Other conditions texeture Runple lowk.	
t3. Sirthplace England	Include pregnancy within 3 months of deuth)	
t4. Maiden name. Charlotte Shaw  15. Birthplace England	Include pregnancy within 8 months of death)	
Professional Cond	Major findings of operations	
	Date of op	
16. Informant Mrs. Elwood Andrews	Autupsy results.  PHYSICIAN: Please underline the cause tu which death should be charged statistically.	
Address Hurlock, Maryland		
t7 Burial (Burial, cremation, or removal, Which?)  Date thereof NOV. 19, 1946 (month) (das) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide	
Cemetery or crematory Christ Church Cemetery	Where did injury occur? Lastonia Talbet Marshands (City or town) (County) (State)	
Location Cambridge, Maryland	injured at home, tarm, industry, public place (where 75 toward Commoles cent Home).	
18. Funeral director LeCompte's Funeral Service	Means of injury Occidental fall. injured at work?	
Address Cambridge, Maryland	then to Home to D.	
19. /// 9 19 46. M.A. Marketter (Date rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other Address 214 & Praw 3/ Earline Oate signed 19 Nov 46	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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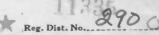
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83 a

#### CERTIFICATE OF DEATH



CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town  (If suitside city or town limits, write RURAL NEAR and give town)  Street address, heapital, or institution:  Slay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town (If outside city optown lights, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)  2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME	3.(b) Social Security Number
4. Sex 5. Color or race 8. (a) tingle, married, wildowed, or divorced  Megro Westerness	MEDICAL CERTIFICATION  20. DATE OF DEATH 2000. 17 19 46 at 7.3 gm
6 (b) Name of husband or wife  B(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Malden name Many Aver Cooper  15. Birthplace  16. Informant  16. Informant  17. Days  18. Days  19. Days  10. Days  10. Days  11. Industry or business  12. Name  13. Birthplace  14. Malden name Many Aver Cooper  15. Birthplace  16. Informant  17. Days  18. Days  19. Days  19. Days  10. Days  10. Days  10. Days  11. Days  11. Informant  12. Days  13. Days  14. Malden name Many Aver Cooper  15. Birthplace  16. Informant  17. Days  18. Days  18. Days  19. Days  19. Days  19. Days  10. Days  10	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
Address O Tours St.  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director  Address 3 10 South Sh Easton Mide  19. 11/2 19. 16 P. R. Deersey	22. VIOLENCE: If death was due to external causes, filt in the following:  Accident, suicide, or homicide
	1. PLACE OF DEATH: County City or town (It partside city or town limits, write RURAL NEAR and give town) Street address, heapital, or institution:  Slay in hospital or inst. (yrs., or mos., or days) Slay in this community (yrs., or mos., or days)  3. (a) FULL NAME  4. Sex  5. Color or race  8. (c) Magie, married, widowed, or divorced  A Sex  1. Birth date of deceased (mo., day, yr.)  8. AGE: Years  Months  Days  If less than one day  10. Usual occupation  11. Industry or business  12. Name  13. Birthplace  14. Malden name  Many  Address  7. Park  15. Birthplace  16. Informant  17. Industry or business  18. Informant  Comments  Address  7. Park  Oale thereof  (Burtial, cremation, or remove). Which?)  Cemetery or crematory  Location  18. Funeral director  A Address  18. Funeral director

NOV 26 1946 BUREA